

## 2024-2025 Household Income and Expense Verification Form

	Student ID:	· · · · · · · · · · · · · · · · · · ·
Please identify which applies to you:		
I DEDENDENT ( 1 (/1 1) (1 C)	FARGAN	
I am a <b>DEPENDENT</b> student (had to provide parental information)	ation on FAFSA).	
I am an INDEPENDENT student (did not have to provide par	rental information on FAFSA).	
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Please list all sources of untaxed income, resources, and benefits rece you must include sources from both <b>you</b> and <b>your parent(s)</b> . If you id		
nclude sources from <b>yourself</b> and <b>spouse</b> (if applicable).	ichtified yourself as all INDET ENDE	141, you only need to
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Untaxed Income, Resources, and Benefits for 2022	Student/Spouse	Parent(s)
	List Annual Amount	List Annual Amount (indicate \$0 if not applicable
Untaxed Wages, Salaries, and Tips (non-taxable)	(indicate \$0 if not applicable)	\$
Unemployment Benefits (non-taxable)	\$	\$
Disability Benefits	\$	\$
Alimony Payments Received	\$	\$
Social Security Benefits (non-taxable)	\$	\$
	Ψ	*
Veterans Benefits (non-taxable, non-educational)	\$	\$
Veterans Benefits (non-taxable, non-educational) Financial Aid Assistance	\$ \$	\$
Financial Aid Assistance	\$	\$
Financial Aid Assistance Other Income (explain):	\$	\$
Financial Aid Assistance	\$	\$
Financial Aid Assistance Other Income (explain): Please list all annual expenses paid in 2022.	\$ \$ \$	\$
Financial Aid Assistance Other Income (explain):  Please list all annual expenses paid in 2022.  Household Expenses: Student, Spouse, and/or Parent for 2022	List Annual Amount (ind \$0 if not applicable)	\$
Financial Aid Assistance Other Income (explain):  Please list all annual expenses paid in 2022.  Household Expenses: Student, Spouse, and/or Parent for 2022.  Rent or Mortgage Payment	List Annual Amount (ind \$0 if not applicable)	\$
Financial Aid Assistance Other Income (explain):  Please list all annual expenses paid in 2022.  Household Expenses: Student, Spouse, and/or Parent for 2022  Rent or Mortgage Payment Utilities (e.g. water, gas, electric)	List Annual Amount (ind \$0 if not applicable) \$ \$	\$
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

INDEPENDENT, only your signature is required. Electronic signatures are not acceptable.

If you identified yourself as a **DEPENDENT**, this form must be signed by you and your parent(s). If you identified yourself as an